PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

	/			(571)-273-2885		
NISTRUCTIONS: Ahis appropriate. All darther indicated britess correct maintenance fee notifica	s form should be used correspondence includi- ted below or directed of ations.	for transmitting the ISI ng the Patent, advance herwise in Block I, by	SUE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	should be completed when correspondence address a arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal. Th	mailing can only be used for is certificate cannot be used al paper, such as an assignment of mailing or transmission.	for any other accompanying
23565 KLAUBER & 411 HACKENS HACKENSACE	JACKSON ACK AVENUE K, NJ 07601			Cer	tificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (571) 273-2885, on the d	emission
0/10/2007 HDESTA2	00000058 111153 1	10736227		Cagolyn	Di Meglio	(Depositor's name)
)1 FC:1504)2 FC:8001)3 FC:1501 4	300.0 30.0 0.00 DA 1400.0)O OP		October 3	, 2001 Martin	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/736,227 12/15/2003			Jonathan Alexander Te	rrett	2543-1-033	3125
TITLE OF INVENTION	I: NOVEL CANCER AS	SOCIATED PROTEIN				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	· NO	\$1400	\$300	\$0	\$1700	10/03/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HARRIS, A	ALANA M	1643	530-300000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)		
		ified below, no assigned pletion of this form is NC	=	-	ee is identified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
UCB Pharma	S.A.		B-1070 Br	ussels, Belg	ium	
Please check the appropri	iate assignee category or	categories (will not be p	printed on the patent):	☐ Individual ☐ Co	rporation or other private gro	up entity Government
ta. The following fee(s) a Kissue Fee Kipublication Fee (N Kipublication Fee (N	o small entity discount p	ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XXX A check is enclosed. Payment by credit card. Form PTO-2038 is attached. XXX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1153 (enclose an extra copy of this form).			
	tus (from status indicated s SMALL ENTITY statu	l above)	_			
NOTE: The Issue Fee and	Publication Fee (if requ	ired) will not be accente	ed from anyone other tha		L ENTITY status. See 37 CF tered attorney or agent; or the	
nterest as shown by the r	ecords of the United Stat	les Patent and Trademark	k Office.		October 3, 2007	
Typed or printed name		ackson		Registration No	26,742	
This collection of information application. Confident ubmitting the completed his form and/or suggestion of the confidence of the confiden	ation is required by 37 Cliality is governed by 35 application form to the ons for reducing this burning 22213 1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SENIO CERTS OF	on is required to obtain of 1.14. This collection is to depending upon the inches Chief Information Off	r retain a benefit by the estimated to take 12 m lividual case. Any con- icer, U.S. Patent and T	e public which is to file (and inutes to complete, including ments on the amount of tim rademark Office, U.S. Depar	by the USPTO to process), gathering, preparing, and the you require to complete timent of Commerce, P.O.

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.